APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular Subject Matter:: Utility

Title:: Microfluidic Systems with Enhanced

Detection Systems

Attorney Docket Number:: 100/13010

Request for Early Publication?::

Request for Non-Publication?::

No
Total Drawing Sheets ::

7
Small Entity?::

No
Petition included?::

No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor Primary Citizenship Country:: USA

Status: Full Capacity
Given Name:: Ring-Ling
Family Name:: Chien
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: USA

Street of mailing address:: 6428 Edgemoor Way

City of mailing address::
San Jose
State or Province of mailing address::
CA
Postal or Zip Code of mailing address::
95129

Applicant Authority Type:: Inventor Primary Citizenship Country:: USA

Status: Full Capacity

Given Name:: Jeffrey
Middle Name:: A.
Family Name:: Wolk

City of Residence:: Half Moon Bay

State or Province of Residence:: CA
Country of Residence:: USA

Street of mailing address:: 605 Spindrift Way
City of mailing address:: Half Moon Bay

State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94019

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA

Status: Full Capacity

Given Name:: Michael

Family Name:: Spaid
City of Residence:: Sunnyvale

State or Province of Residence:: CA
Country of Residence:: USA

Street of mailing address:: 693 Arbutus Avenue

City of mailing address:: Sunnyvale

State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA

Status: Full Capacity

Given Name:: Richard

Middle Name:: J.

Family Name:: McReynolds
City of Residence:: San Jose

State or Province of Residence:: CA
Country of Residence:: USA

Street of mailing address:: 890 Minnesota Avenue

City of mailing address:: San Jose State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: CA

95125

CORRESPONDENCE INFORMATION

Correspondence Customer Number :: 021569

Phone number:: (650) 623-0700

Fax number:: (650) 623-0500

E-Mail address:: matt.murphy@calipertech.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 021569

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date
This Application	Non-Provisional of	60/269,174	02/15/01

ASSIGNEE INFORMATION

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Caliper Technologies Corp.

605 Fairchild Drive

Mountain View

CA

94043